



OCCUPATIONAL LICENSE SEPARATION FROM SERVICE OR SUSPENSION

State Form 51891 (R/3-08)

INDIANA GAMING COMMISSION

Licensee Identification

Last name	First name	Middle initial	Maiden name	
Address (number and street)				
City	State	Zip code	Telephone number	SSN (last four digits) XXX-XX-_____
Occupational license number	Date of birth (month, day, year)		Department/division	
Job title		Supervisor		

Separation from Service

Date of separation from service (month, day, year)	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Voluntary
Reason		

Was the IGC badge collected?* ☐ Yes ☐ No
If yes, attach badge to form. If no, reason why: _____

* Pursuant to 68 IAC 2-3-9.2, the casino or supplier licensee must collect the identification badge issued by the Commission to an occupational licensee when the occupational licensee's employment with the casino or supplier licensee is terminated for any reason.

Suspension

Start date (month, day, year)	End date (month, day, year)
Reason	

Signatures

Signature of Human Resources employee	Print Name	Date (month, day, year)
Name of IGC Agent	Identification number	Date (month, day, year)